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From: Joi	ni-Stutman Horn	Operator:Christopher	Rusphasta
Date:	July 7, 2006		Durmarte
App. No.:	10/025,217		<del></del>
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Dear Examiner:

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal Form (1 page)
- 3) Response to Office Action (11 pages)

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PTO/SB/17 (01-05) Approved for use through 07/31/2005. OMB 0651-0032 Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known Application Number 10/025,217 RECEIVED Filing Date CENTRAL FAX CENTER December 18, 2001 For FY 2006 First Named Inventor Igor Lickumovich <del>JUL I</del>I Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Russell L. Guill Art Unit 2123 TOTAL AMOUNT OF PAYMENT (\$) 850.00 Attorney Docket No. 42P12564 METHOD OF PAYMENT (check all that apply) Check Credit Card Other (please identify): ✓ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing foe Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1,17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity **Application Type** Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Each claim over 20 (including Reissues) <u>Fee (\$)</u> 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 <u>Total Claims</u> Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 24 - 20 or HP = 50 <u> 200</u> MP = highest number of total claims paid for, if greator than 20. Fee (\$) Fee Paid (\$) Indop. Claims Extra Claims Fee (\$) Feo Paid (\$) \_ -3 or HP = 200 200 HP = highest number of independent claims paid for, if greater than 3, APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Shoets Number of each additional 50 or fraction thereof Fee Paid (S) \_ (round up to a whole number) x 1) Extension for response within second month (Fee Code 1252) Fees Paid (\$) 850.00 SUBMITTED BY Signature Registration No.

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U.S. Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection or information unless it displays a valid QMB control number. 10/025,217 TRANSMITTAL Filing Date December 18, 2001 HERFIAED First Named Inventor FORM Igor Liokumovich CENTRAL FAX CENTER Art Unit 2123 <del>JUL 0 7-2006</del> Examiner Name (to be used for all correspondence after initial filing) Russell L. Guill Attorney Docket Number Total Number of Pages in This Submission 42P12564 **ENCLOSURES** (Check all that apply) **✓** Fee Transmittal Form (orig. & copy) After Allowance Communication to TC Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences **V** Amendment/Reply Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Extension of Time Request Terminal Disclaimer below): Express Abandonment Request Request for Refund Information Disclosure Statement CD. Number of CD(s) Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Blakely, Sokoloff, Taylor & Zafman LLP Signature Printed name Thomas Ferrill Date July 7, 2006 Reg. No. 42,532 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Signature

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Christopher Burnharte

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